

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

FY 2001 PERFORMANCE PLAN

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary on policy development in health, disability, human services and science, and provides advice and analysis on economic policy. ASPE also: leads special initiatives on behalf of the Secretary; coordinates the Department's evaluation, research and demonstration activities; and manages cross-Department planning activities, such as strategic planning, development of the Department's legislative program, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses, and estimates the costs and benefits of policies and programs under consideration by the Department and/or the Congress. Reflecting the role of policy advisor, most of the performance measures are necessarily qualitative.

Performance Goals	FY Targets	Actual Performance
<p>Goal 1. Provide leadership in the development and management of cross-cutting initiatives and activities for the Department.</p>	<p><u>FY 01</u> Same as FY 00</p> <p><u>FY 00</u> Same as FY 99</p> <p><u>FY 99</u> Leadership will have an impact on Departmental and public policy</p>	<p><u>FY 99</u> ASPE leadership of cross-cutting initiatives had a measurable affect in key policy areas. For example, ASPE led the cross-Departmental <u>pandemic flu preparation</u> team which resulted in a preparedness action plan and resource investments. ASPE's coordination of <u>privacy issues</u> across the Department resulted in the issuance of a major privacy regulation. ASPE's lead on <u>bioterrorism issues</u> led to the development of an operating plan and budget of over \$150 million for new activities to enhance national preparedness against the possible terrorist use of hazardous biological materials. ASPE also provided leadership for the development of a strategic "Action Against <u>Asthma</u>" plan that provided a framework for coordination of asthma activities across the Department.</p>

<p>Goal 2. Provide analytical knowledge (policy research and evaluation studies) that contributes to the development of sound Departmental and public policy</p>	<p><u>FY 01</u> Same as FY 00</p> <p><u>FY 00</u> Same as FY 99</p> <p><u>FY 99</u> ASPE studies will make a significant contribution to the formulation of Departmental and public policy</p>	<p><u>FY 99</u> ASPE's analytical efforts played a significant role in policy formulation. For example, HHS's budget and Medicare payment policy were influenced by an ASPE study of access to and financing of <u>home health agencies</u>. Guidance for affected Medicare beneficiaries was developed from an analysis of managed care plan decisions to participate in the Medicare program. ASPE case studies and analyses of the <u>Children's Health Insurance Program</u> informed the development of regulations for that program. Analysis of insurance coverage and consumer protection issues assisted in the development of the <u>Consumer Bill of Rights</u> and allowed HHS to provide significant technical assistance on bills concerning privacy and consumer protection. ASPE- initiated studies of the country's <u>health safety net</u> led to budget initiatives and legislative proposals to strengthen the safety net and provide greater access to health services. An analysis of the strengths and limitations of contemporary epidemiological data on <u>dietary intake of mercury-containing seafood</u> cleared the way for publication of an updated Toxicological Profile for Mercury, with important implications for the regulation of commercial seafood, coal-burning electric power plants and other sources of environmental mercury. ASPE leadership in evaluating <u>welfare reform</u> continues to have an impact in changing Federal and State welfare systems into welfare-to-work systems. ASPE studies and evaluations of strategies to improve work opportunities for low-income fathers, increase child support collections, enhance parenting skills, support access and visitation by non-custodial parents, reduce domestic violence, and</p>
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		involve boys and young men in preventing teenage pregnancy and premature parenting have led to an increase in the policy focus on fathers and helped bipartisan efforts in Congress to establish new programs serving disadvantaged fathers.
<p>Goal 3. Maintain human and technological capacity to respond to planning and analytical needs of the Secretary</p>	<p><u>FY 01</u> Same as FY 00</p> <p><u>FY 00</u> Same as FY 99</p> <p><u>FY 99</u> ASPE analytic support functions will make a contribution to the development of analyses for the Secretary. Staffing (hires) and staff skills (training) will be enhanced.</p>	<p><u>FY 99</u> Maintenance of data bases, modeling capacity, and staff resources allowed ASPE to support analytical activities across the Department. A number of examples of the importance of this function were evident in FY 99. Enhanced modeling capacity allowed ASPE to analyze newly accessible data on <u>organ transplants</u>, which in turn helped in the development of both UNOS and HHS policy. The Long-Term Care Financing Model was used extensively by ASPE to project future <u>long-term care</u> utilizations and expenditures, and to simulate various long-term care policy options. The model has also been used extensively to study private sector policy options, such as the impact of further growth on private long-term care insurance and the impacts of changing trends in disability rates on long-term care use and expenditures. ASPE also implemented several improvements in its <u>modeling capability</u>. Improvements in the micro-simulations capacity of the TRIM model included: enhancements in the ability to model <u>child care</u> expenses and to simulate eligibility for child care subsidies for use under the Child Care Development Fund block grants; implementation of routines for imputing <u>citizenship and alien status</u> to and incorporation of rules applying to determining the eligibility of non-citizens for transfer benefits; enhancements to the <u>AFDC/TANF, SSI, subsidized housing, Food Stamp and Federal income tax</u> modules, including implementing the ability to</p>

		<p>simulate AFDC waivers and TANF rules; enhancements to the methodology for modeling <u>SSI children's benefits</u>; and creation of a poverty module for calculating a standard set of <u>poverty indices</u>.</p>
<p>Goal 4. Manage Department-level planning activities (legislation, strategic planning, research planning), to assure that products are produced on a timely basis and are of a high quality.</p>	<p><u>FY 01</u> Not Applicable</p> <p><u>FY 00</u> Not Applicable</p> <p><u>FY 99</u> Timeliness of documents. Products are useful to recipients.</p>	<p><u>FY 99</u> ASPE is responsible for managing a number of annual planning and reporting processes that are integral to on-going Departmental operations. These include development of HHS's legislative agenda, strategic plan, research/demonstration/evaluation (RD&E) plan, and a report to Congress on the evaluation of HHS programs. In FY 99, progress in improving the quality and usefulness of these planning documents and reports can be documented. For example, the <u>annual evaluation report to Congress</u> was reformatted to provide a more usable summary of what HHS learned in the past year about the effectiveness of its programs. The <u>annual RD&E plan</u> was also refocused to promote the use of evaluations for assessing the effectiveness of programs and strategies in achieving HHS's strategic and annual performance goals. Finally, a comprehensive review of the <u>HHS strategic plan</u> was undertaken, to assess its strengths and weaknesses and to develop a road map for improving its quality and usefulness. This improvement effort will guide the triennial update of the plan, due to Congress in September 2000. As for <u>timeliness</u>, overall performance met reasonable benchmarks, with one exception: the requirement for sending Congress the annual evaluation report by February 1 continues to be a problem. By definition, the report must include evaluation results from projects completed during the preceding year. However, there are routinely delays in receiving the final reports from</p>

		<p>contractors, and it is often well after February 1 before HHS is able to complete an inventory and summarize the completed reports, compile the summaries into a draft document, edit, and clear the report for transmittal to Congress. Management solutions will be developed to see if the report can be provided in a more timely manner.</p>
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